

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 12/06/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 12/07/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOXY MOUNTAIN H/DD/SAS	8505	430	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	14	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	456	515	59
		8800	12	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404902	BLUE RIDGE COMM UNITY	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	8599	148	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	90	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	22	397	2007	1610
		8622	54	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	27	146	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
		8599	120	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	454	6441	5987
		8518	86	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	212	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	131	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	132	391	4951	4560
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404913	MECKLENBURG COM ENTAL HEALT	11	469	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	469	469	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404916	CROSSROADS BEHA VIOBAL HEAL	8599	217	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	181	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	2	621	5184	4563
		21	60	DUPLICATE OF CLAIM-SYSTEM				
3404917	CENTERPOINT HUM AN SERVICES	11	217	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	109	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	123	559	1873	1314
		8599	105	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8599	146	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	106	CLIENT NOT ELIGIBLE ON SERVICE DATE	36	304	1972	1668
		8935	28	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	180	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	98	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	61	397	4180	3783
		8931	48	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASHEL L AREA MH D	8505	2328	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	822	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	27	3430	8693	5263
		11	69	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404921	ORANGE PERSON C HATHAM AREA	9312	912	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8599	180	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	39	1397	4481	3084
		27	44	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404922	THE DURHAM CENT ER	11	32	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	38	38	0
3404923	VOFW AREA AUTHO RITY	8599	616	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	122	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	845	2634	1789
		21	87	DUPLICATE OF CLAIM-SYSTEM				

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3404925	SANDHILLS CENTE R FOR MH/DD	120	436	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	395	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	81	2010	4895	2885
		21	243	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	703	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	117	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	85	1214	5590	4376
		143	109	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404927	CUMBERLAND CO M HC	8505	189	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	180	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	463	2362	1899
		8800	41	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	8517	14	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	54	3293	3239
		143	9	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	94	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE	110	171	2909	2738
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	23	2	SERVICE REQUIRES PRIOR APPROVA L				
		0	0		0	2	2	0
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	11	52	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	96	1537	1441
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404934	ONSLOW COUNTY B BEHAVIORAL H	11	47	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	86	604	518
		8517	5	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8517	39	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		21	22	DUPLICATE OF CLAIM-SYSTEM	30	138	1010	872
		8518	21	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404937	EDGEcombe NASH MENTL HLTH C	8517	89	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		21	63	DUPLICATE OF CLAIM-SYSTEM	7	222	2522	2300
		8505	33	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404938	VGFW DBA RIVERS TONE COUNSE	24	26	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE	13	63	451	388
		8932	6	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	11	172	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8517	42	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	2	343	1090	747
		8518	32	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404941	PITT CO MH/DD/S AS CENTER	11	338	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	138	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	83	820	2726	1906
		21	94	DUPLICATE OF CLAIM-SYSTEM				

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3404942	ROANOKE CHOMANH UMAN SERVIC	8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	20	79	2023	1944
		8935	7	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBEMARLE MENTAL HEALTH CE	8599	329	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	51	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	59	528	2721	2193
		11	33	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404944	EASTPOINTE HUMA N SERVICES	8599	84	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	55	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	117	335	9336	9001
		8935	42	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	518	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		5404	310	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	3	1273	8304	7031
		191	143	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404957	TIDELAND MENTAL HEALTH CTR	8931	20	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	36	49	714	665
		8935	8	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	3829	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	258	CLIENT NOT ELIGIBLE ON SERVICE DATE	29	4249	5174	925
		191	55	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				